

American Red Cross of the Susquehanna Valley In-Facility Exam Request

Complete this form and fax it to **1-866-257-6506** no later than 20 business days before the first requested date. All requests will be confirmed within five (5) business days of request. Once approved, this form will be faxed back to you.

After receiving approval, submit this form with the candidate applications, paperwork, and payment within eight (8) business days of the scheduled exam date. Submit the forms to:

PO Box

American Red Cross
PO Box 4548
Lancaster, PA 17604

Overnight Address

American Red Cross
430 West Orange Street
Lancaster, PA 17603

A minimum of five (5) candidates is required to schedule an In-Facility Exam. If the number of candidates drops below five (5) due to cancellation or candidate deficiency, the exam will be cancelled.

The Facility must meet the testing requirements for equipment and room set-up.

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Requested Dates: _____

First Choice: _____

Second Choice: _____

Third Choice: _____

Exam Start Time: _____

Number of candidates: _____

Facility Contact Name: _____ Phone: _____

Fax Number: _____ E-mail: _____

ARC Internal Use

Date Received: _____ Date Approved: _____ Exam ID #: _____

Evaluator 1: _____ Evaluator 2: _____

Date entered into ICE: _____ Entered By: _____